

1. NUMBER: FD35-53	2. PCN: PB20196	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 13Nov00	4. PAGE 1 of 1
5. TO: Barbara Cobb		6. THRU:		7. FROM: PODF/Kevin Kasperitis	
8. TITLE OF CHANGE: Update USND Procedures					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE: 17Nov00		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: Increment 2 USPODF		
13. RECOMMENDED EFFECTIVITY(IES): USND Procedure Files (Inc 2)			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Procedures and related docs including MGUEHRFUSNDN001, N003, and C003, and (FL001)		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Updates required to correct stowage and IMS information in the USND procedures.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input checked="" type="checkbox"/> Other (Specify): PODF					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) REDLINES ATTACHED - MGUEHRFUSNDN001: Delete P/N for DESK TOP PLATE ASSY, INFLIGHT COMPUTER / Delete P/N for HRF COMMON ECG KIT / Delete P/N for BRACKET ASSY, MULTI-USE; Change Part number for HRF FLAT SCREEN DISPLAY to P/N FP1610HB/R-06 MGUEHRFUSNDN003: Delete P/N for HRF COMMON ECG KIT MGUEHRFUSNDC003: Change Part number for HRF FLAT SCREEN DISPLAY to P/N FP1610HB/R-06					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Kevin C. Kasperitis /s/		DATE: 13Nov00	TELEPHONE NUMBER: 2569611053	OFFICE SYMBOL: PODF	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE